

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/048,072
	Filing Date	January 25, 2002
	First Named Inventor	Genoveffa Franchini
	Art Unit	1648
	Examiner Name	Jeffrey Parkin
	Attorney Docket Number	1662.018US1

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified application, and

all the practitioners of record;
 the practitioners (with registration numbers) of record listed on the attached paper(s); or
 the practitioners associated with Customer Number: 21186

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reasons for this request are those described in 37 C.F.R.:

<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input checked="" type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(4)	<input type="checkbox"/> 10.40(c)(5)	<input type="checkbox"/> 10.40(c)(6)	Please explain below:

Certifications

Check each box below that is factually correct. **WARNING: If a box is left unchecked, the request will likely not be approved.**

- I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

CHANGE OF CORRESPONDENCE ADDRESS

Complete the following section only when the correspondence address will change. *Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.*

Change the correspondence address and direct all future correspondence to:

A. The address of the inventor or assignee associated with Customer Number: _____
OR

B. Inventor or Assignee Name: Government of the United States of America as represented by the Secretary of the Department of Health and Human Services National Institutes of Health

Address: National Institute of Health, Office of Technology Transfer, 6011 Executive Blvd., Suite 325

City: Rockville State: MD Zip: 20852 Country: United States of America

Telephone: Email:

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature: Robin A. Chadwick

Name: Robin A. Chadwick Registration No.: 36,477

Address: 1600 TCF Tower, 121 South 8th Street

City: Minneapolis State: MN Zip: 55402 Country: USA

Date: November 29, 2010 Telephone No.: (516) 795-6820

NOTE: Withdrawal is effective when approved rather than when received.